PUBLIC HEALTH ADVISORY BOARD
Accountability Metrics Subcommittee Meeting Minutes

May 12, 2016
8:00-9:00 am

PHAB Subcommittee members in attendance: Muriel DeLaVergne-Brown, Jennifer Vines, Eva Rippeteau, Eli Schwarz

PHAB Subcommittee members absent: Teri Thalhofer

OHA staff: Sara Beaudrault, Cara Biddlecom

Members of the public: BJ Cavnor, One in Four Chronic Health, Katie McClure, Oregon's Healthiest State/Oregon resident

Scope of the subcommittee
Cara shared that the Accountability Metrics Subcommittee is tasked with developing accountability metrics for state and local health departments, considering:

- The foundational capabilities and programs for governmental public health
- Alignment with related measurement systems in Oregon (coordinated care organizations (CCOs), hospitals, early learning hubs, etc.).

The subcommittee's work will inform the development of the local public health authority funding formula, currently under the purview of the Incentives and Funding Subcommittee.

Organizational business

- *Decision on a subcommittee chair*
  Cara requested that any subcommittee members that would be interested in acting as chair contact her via email.
- *Standing meeting time and frequency*
  The subcommittee agreed to meet on a monthly basis to be determined by a Doodle Poll which will be sent by Angela Rowland late next week.

Initial discussion on measurement domains and considerations
Eli outlined an approach to establishing a measurement framework:

- Utilize existing frameworks already defined for CCOs that might be relevant for public health (e.g., dental sealants)
- Lay out the purpose of the public health departments that we are trying to establish metrics for and extract relevant measure proposals and recommendations based on that purpose.

Muriel pointed out the work that has already gone into the public health modernization assessment, and the fact that the Public Health Modernization Manual details specific deliverables for state and local health departments. Some existing CCO measures pair well with the role of public health but others do not necessarily.

Jennifer recommended that the subcommittee not limit itself to CCO incentive measures only.

Eli pointed out that some health departments may do different things, and perhaps the subcommittee considers establishing a core set of statewide measures and allow for some local flexibility to address individual health priorities. There are 34 local health departments currently versus 16 CCOs.

Muriel supported the idea of a subset of locally-determined measures. Community health assessments and improvement plans identify local areas of need and disparities and are a natural starting place for selecting additional local measures.

In response to the "measure criteria questions" handout, Eli requested putting outcome measures on the list above process. Eli also suggested that the subcommittee use a matrix to determine the level by which measures should be selected and what other partners need to be involved in improving work on the measure besides public health. The matrix could also include evidence-based practices that have been demonstrated to improve health outcomes.

Regarding the frame for the measures, Muriel cautioned against straying away from the foundational capabilities and programs. Additional consideration is needed on whether foundational capability measures are captured within foundational programs or are separate.

Eva shared that the legislature will need to understand how public health intersects with CCOs and early learning; the goals for public health should be clear and easy to understand.

Jennifer thinks about the role of public health as incubating and innovating outside of clinic walls to support CCOs, but also doing the right thing for the entire population – only public health serves the entire population.

Muriel pointed out that the population-wide focus is really clear for communicable disease control and environmental health.

The subcommittee decided to adopt the CCO measurement principles with two additions: flexibility and promotion of health equity. The subcommittee also decided that individual, incremental improvement targets be set for health departments based on their burden of disease so that there is equity in the system that also promotes improvement over time.

Public comment

BJ Cavnor, One in Four Chronic Health

BJ thanked the subcommittee for looking at this work. He appreciates the subcommittee's discussion about health equity, communicable disease and innovative

and transformative work. BJ would like to propose HIV testing and access to care and Hepatitis C testing and access to care as accountability measures for public health.

Katie McClure, Oregon's Healthiest State/Oregon resident
Katie supports the addition of health equity and the reduction of health disparities as a guiding principle for measure selection. Katie emphasized the selection of measures that can define our learning – it is helpful to articulate how a process measure can lead to a health outcome. Katie encouraged the subcommittee to own its knowledge of the state, and to build a framework to drive the health of Oregon forward through future aspirations.